

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages this report: 38
3 COMMITTEE NAME People For A Fair Houston		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston TX 77266-7307		Date Received
			Date Hand-delivered or Date Postmarked JUN 11 2002
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. David	Receipt #	Amount
	NICKNAME LAST SUFFIX Berg	Date Processed	Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 16 Sunset Blvd Houston TX 77005		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 16 Sunset Blvd Houston TX 77005		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 524-2908		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year Month Day Year 10/28/2001 THROUGH 12/31/2001		
11 ELECTION	ELECTION DATE Month Day Year 11/06/2001	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
GO TO PAGE 2			

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME

People For A Fair Houston

ACCOUNT # (Ethics Commission filers)**13 COMMITTEE
PURPOSE**(Attach lists on plain
paper to complete this
report if necessary.)☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☐ SUPPORT☒ OPPOSE☐ ASSIST
(officeholders only)☒ MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE

Month Day Year

City Prop 2

11/06/2001

DESCRIPTION

Measure to ban same-sex benefits for City employees

**14 NO REPORTABLE
ACTIVITY**☐ Check if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**15 CONTRIBUTION
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 123422.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

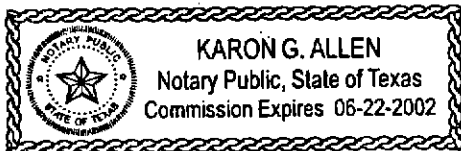
\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 67603.84

**OUTSTANDING
LOAN TOTALS**5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report
is true and correct and includes all information required to be reported by
me under Title 15, Election Code.

David Berg

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said David Berg, this the 15th day
of January, 20 01, to certify which, witness my hand and seal of office.

Karon G. Allen
Signature of officer administering oath

Karon G. Allen
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **28**2 FILER NAME: **Fair Houston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/28/2001

5 Full Name of Contributor:

☐ out of state PAC**Richard A. Ladewig**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
401 Louisiana 502, Houston, TX 77002-1641

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/28/2001

5 Full Name of Contributor:

☐ out of state PAC**Maynard G. Gimble**7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
9711 Burdine, Houston, TX 77096-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/2001

5 Full Name of Contributor:

☐ out of state PAC**Tejas Englesmith**7 Amount of
contribution (\$):
\$10.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
7839 Fondren RD, Houston, TX 770744601

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/2001

5 Full Name of Contributor:

☐ out of state PAC**Brenner J Glickman**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
5600 N Braeswood, Houston, TX 77096-

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/2001

5 Full Name of Contributor:

☐ out of state PAC**Houston Federation of Teachers - COPE**7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
2925 Briarpark Drive, Suite 950, Houston, TX 77042-

9 Principal Occupation (Optional):

10 Employer (Optional):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC PTI, Inc. 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$750.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Nancy C Santamaria 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Christopher Kennedy 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC E. D. Wulfe 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Helen Ann Fisher 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 28
2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Kent Friedman	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mike Spear	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara J. Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Thomas E Schwartz	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC R. Patrick Baum	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
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1 Total pages this schedule A1: **28**2 FILER NAME: **Fair Houston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/29/20015 Full Name of Contributor:
Don L Dahn☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Charles E. Clark☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Paul Colbert☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Claire O Walters☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Odilia Mendez☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Stewart Zuckerbrod	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David M. Minberg	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roger E. Morehead	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Marks	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Darla Lexington	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **28**2 FILER NAME: **Fair Houston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/29/20015 Full Name of Contributor:
Robert M. Eury☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Standish Meacham☐ out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Isabelle Ganz Lipschutz☐ out of state PAC7 Amount of
contribution (\$):
\$10.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Rene B Karpas☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/29/20015 Full Name of Contributor:
Cecile Keeper☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Benjamin S Warren	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glen Rosenbaum	7 Amount of contribution (\$): \$175.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Linda K May	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hugh L Baker	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H. Benjamin Samuels	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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3 ACCOUNT # (Ethics Commission filers)

4 Date 10/29/2001	5 Full Name of Contributor: Leonard S Hoffman <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: Everett W. Keevil <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: Richard W. Wharton <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] Box 499, Boaz, TX 75754			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: Deborah A. Martinez <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: Barbara Valentine <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
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2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert H. Sunderland	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James D. Seegers	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Peavy	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	



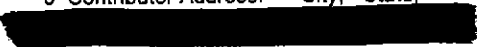


4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bruce Penny	7 Amount of contribution (\$): \$20.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Norris G. Lang	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill L. Blain	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara E Turner	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Raymond Federle	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debbie Roberson	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Holly J Harlow	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Huey L. Johnson	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Reliant Energy	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bank of America	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David A. White	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Janine M. Brunjes	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **28**

2 FILER NAME:

Fair Houston

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/30/20015 Full Name of Contributor:
Robert Stein☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/30/20015 Full Name of Contributor:
Joanne M. Reich☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/30/20015 Full Name of Contributor:
Susan E. Barry☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/30/20015 Full Name of Contributor:
Mary E. Whitworth☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Morris B. Penner☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):


10 Employer (Optional):


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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Stein	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joanne M. Reich	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Susan E. Barry	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary E. Whitworth	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Morris B. Penner	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 28
2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barron Wallace	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barry Scott Elliott	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William C Fletcher	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sidney J. Braquet	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Aylsworth	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **28**2 FILER NAME: **Fair Houston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/31/2001

5 Full Name of Contributor:

☐ out of state PAC**Barron Wallace**7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/2001

5 Full Name of Contributor:

☐ out of state PAC**Barry Scott Elliott**7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/2001

5 Full Name of Contributor:

☐ out of state PAC**William C Fletcher**7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/2001

5 Full Name of Contributor:

☐ out of state PAC**Sidney J. Braquet**7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/2001

5 Full Name of Contributor:

☐ out of state PAC**David Aylsworth**7 Amount of
contribution (\$):
\$30.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **28**2 FILER NAME: **Fair Houston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/31/20015 Full Name of Contributor:
Sandford G. Robinson☐ out of state PAC7 Amount of
contribution (\$):
\$200.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Nora F. Ackerley☐ out of state PAC7 Amount of
contribution (\$):
\$2,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
John T Daniel☐ out of state PAC7 Amount of
contribution (\$):
\$125.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Edwin Earl Sargent☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Stephen A Claiborn☐ out of state PAC7 Amount of
contribution (\$):
\$125.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 28
2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dorothy Willis	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Donald L. Graff	7 Amount of contribution (\$): \$2.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Hall Public Affairs	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Chase Bank of Texas, N.A.	7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Camden Property Trust	7 Amount of contribution (\$): \$10,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 46-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

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1 Total pages this schedule A1: **28**2 FILER NAME: **Fair Houston**

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/31/20015 Full Name of Contributor:
Montgomery Watson☐ out of state PAC7 Amount of
contribution (\$):
\$5,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Enron PAC☐ out of state PAC7 Amount of
contribution (\$):
\$10,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Siebert Brandford Shank & CO. L.L.C.☐ out of state PAC7 Amount of
contribution (\$):
\$2,500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Karin R Werness☐ out of state PAC7 Amount of
contribution (\$):
\$1,000.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
10/31/20015 Full Name of Contributor:
Hubbard Financial Services, Inc.☐ out of state PAC7 Amount of
contribution (\$):
\$250.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 28
2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John Eckel	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Progressive Voters in Action	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sara Keckler	7 Amount of contribution (\$): \$30.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Neil Jones	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael J. Springer	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 28
2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hilary Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Laura A. Easton	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roy L Green	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mark S. Berg	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank R. Eyler	7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Roxanne Cherio	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Rachel lavine	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael K White	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Carolyn M Stiles	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houstonians for Mobility Campaign	7 Amount of contribution (\$): \$16,750.00	8 In kind contribution (if applicable): Printing
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Barbara Jacoby Howell	7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 10/31/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton C. Dehart	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jimmy R. Wynn	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Halliburton Company Political Action Committee (HALPAC)	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Andrew English Anderson	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Copy.Com	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable): Copies for No on City Prop 2
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David L. Ralston	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/1/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Louis E. Vanech	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Martin Fein Interests, LTD.	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC First Southwest Company	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James F. Allen	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill Galbraith	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/2/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Berg	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Tony Carroll	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC David Elias	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charlcy Sells	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC NGLTF Foundation	7 Amount of contribution (\$): \$20,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Post Apartment Homes, L.P.	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Amerigroup Corporation	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/14/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sylvia Garcia	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.	1 Total pages this schedule A1: 28
2 FILER NAME: Fair Houston	3 ACCOUNT # (Ethics Commission filers)

4 Date 11/14/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard A. Ladewig	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/16/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Debra Danburg	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/19/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jimmy R. Wynn	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/19/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glenn A. Stover	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/19/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Suzanne R. Null	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/21/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Edward B Kahn <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bracewell & Patterson Committee <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$5,000.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brian Wallach <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles E. Clark <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Cathy Coers Frank <hr/> 6 Contributor Address: City, State, Zip Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/4/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC William M. McMechen	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Elizabeth Libby Foote	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mortgage Associates of Texas	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED] 77005-			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC EDS	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jimmy R. Wynn	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **28**

2 FILER NAME:

Fair Houston

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/10/2001

5 Full Name of Contributor:

Robert De Roy Jobe☐ out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

12/11/2001

5 Full Name of Contributor:

Patricia L Harmon☐ out of state PAC7 Amount of
contribution (\$):**\$50.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

12/11/2001

5 Full Name of Contributor:

J.T. Wehring☐ out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

12/12/2001

5 Full Name of Contributor:

Alexander N. Shreders☐ out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

12/18/2001

5 Full Name of Contributor:

John W. Thorne☐ out of state PAC7 Amount of
contribution (\$):**\$25.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 28	
2 FILER NAME: Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/18/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Richard P Jasper	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC ASCO Associated Service Company	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 1/8**2 FILER NAME**

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filers)**4** Date

11/08/2001

5 Payee name

Andrea Hildebran

7 Amount
(\$)

38.72

6 Payee address; City; State; Zip Code

501 Lovett

Houston TX 77006

8 Purpose of expenditure (See instructions regarding type of information required.)
Reimbursed Expenses**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/29/2001

Payee name

Andrea Hildebran

Amount
(\$)

500.00

Payee address; City; State; Zip Code

501 Lovett

Houston TX 77006

Purpose of expenditure (See instructions regarding type of information required.)
Travel Expense** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/06/2001

Payee name

BFM Printing Company

Amount
(\$)

189.44

Payee address; City; State; Zip Code

1318 Law

Houston TX 77005

Purpose of expenditure (See instructions regarding type of information required.)
Printing and Reproduction** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/21/2001

Payee name

Bank of America

Amount
(\$)

90.00

Payee address; City; State; Zip Code

PO Box 2485

Spokane WA 99210

Purpose of expenditure (See instructions regarding type of information required.)
Bank Fee** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 2/8	
2 FILER NAME People For A Fair Houston		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/2001	5 Payee name Beverly Hill Apartments 6 Payee address; City; State; Zip Code 5500 Beverly Hill Houston TX 77056	7 Amount (\$) 510.00	
8 Purpose of expenditure (See instructions regarding type of information required.) Rent		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/26/2001	Payee name Blaemire Communications Payee address; City; State; Zip Code 1890 Preston White Drive Reston VA 20191	Amount (\$) 1585.47	
Purpose of expenditure (See instructions regarding type of information required.) Data		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/02/2001	Payee name Carolyn Blocker Payee address; City; State; Zip Code 2210 Rosewood Houston TX 77004	Amount (\$) 500.00	
Purpose of expenditure (See instructions regarding type of information required.) Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/11/2001	Payee name Colin Strother & Company Payee address; City; State; Zip Code 412 William Drive Pearsall TX 78061	Amount (\$) 250.00	
Purpose of expenditure (See instructions regarding type of information required.) Research		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 3/8**2 FILER NAME**

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11/08/2001	David Fleischer	
	6 Payee address; City; State; Zip Code	
	803 President	79.38
	Brooklyn NY 11215	

8 Purpose of expenditure (See instructions regarding type of information required.)
Travel Expense**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/31/2001	Decision Research	
	Payee address; City; State; Zip Code	
	655 G Street, Suite H	9834.36
	San Diego CA 92101	

Purpose of expenditure (See instructions regarding type of information required.)
Research** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
11/05/2001	Erik Ludwig	
	Payee address; City; State; Zip Code	
	2122 Massachusetts	2577.92
	Washington DC 20008	

Purpose of expenditure (See instructions regarding type of information required.)
Labor** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
11/08/2001	John Davis	
	Payee address; City; State; Zip Code	
	511 West Shore	85.08
	Lexington KY 40504	

Purpose of expenditure (See instructions regarding type of information required.)
Reimbursed Expenses** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 4/8**2** FILER NAME

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
10/29/2001	Cristin Merritt	22.70
	6 Payee address; City; State; Zip Code	
	8181 Fannin	
	Houston TX 77054	
8 Purpose of expenditure (See instructions regarding type of information required.) Office Supply		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
10/31/2001	Momentum Analysis	3800.00
	Payee address; City; State; Zip Code	
	2451 18th Street NW	
	Washington DC 20009	
Purpose of expenditure (See instructions regarding type of information required.) Research		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
11/28/2001	NP Services	600.00
	Payee address; City; State; Zip Code	
	1113 Vine Street, Suite 120	
	Houston TX 77002	
Purpose of expenditure (See instructions regarding type of information required.) Mail House		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

Date	Payee name	Amount (\$)
12/05/2001	NP Services	28.98
	Payee address; City; State; Zip Code	
	1113 Vine Street, Suite 120	
	Houston TX 77002	
Purpose of expenditure (See instructions regarding type of information required.) Mail House		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 5/8**2 FILER NAME**

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filer)**4** Date

10/30/2001

5 Payee name

Tina Nelkin

7 Amount
(\$)

205.00

6 Payee address; City; State; Zip Code

1226 Columbia

Houston TX 77009

8 Purpose of expenditure (See instructions regarding type of information required.)
Database Entry**9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

12/19/2001

Payee name

Paul Fromberg

Amount
(\$)

239.31

Payee address; City; State; Zip Code

1330 Omar

Houston TX 77008

Purpose of expenditure (See instructions regarding type of information required.)
Rent-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

11/12/2001

Payee name

Raymond Brantley

Amount
(\$)

300.00

Payee address; City; State; Zip Code

2701 1/2 Wheeler

Houston TX 77004

Purpose of expenditure (See instructions regarding type of information required.)
Labor-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

11/01/2001

Payee name

Richard Elbein

Amount
(\$)

2500.00

Payee address; City; State; Zip Code

3706 Charleston

Houston TX 77021

Purpose of expenditure (See instructions regarding type of information required.)
Labor-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 6/8**2 FILER NAME**

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filers)

4 Date 10/30/2001	5 Payee name Rindy Miller Media 6 Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702	7 Amount (\$) 25000.00
8 Purpose of expenditure (See instructions regarding type of information required.) Advertising		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/31/2001	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702	Amount (\$) 10000.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/31/2001	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702	Amount (\$) 4400.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 10/31/2001	Payee name Rindy Miller Media Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702	Amount (\$) 600.00
Purpose of expenditure (See instructions regarding type of information required.) Advertising		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 7/8**2 FILER NAME**

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
11/05/2001	Rindy Miller Media	1050.00
	6 Payee address; City; State; Zip Code 501 N I-35 Austin TX 78702	

8 Purpose of expenditure (See instructions regarding type of information required.) Media	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	--

Date	Payee name	Amount (\$)
11/05/2001	Sabrina Heins	872.31
	Payee address; City; State; Zip Code 4600 Seton Center Austin TX 78759	

Purpose of expenditure (See instructions regarding type of information required.) Contract Labor	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name	Amount (\$)
11/21/2001	Sprint	396.56
	Payee address; City; State; Zip Code PO Box 101343 Atlanta GA 30392	

Purpose of expenditure (See instructions regarding type of information required.) Telephone	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name	Amount (\$)
11/03/2001	Sue Lovell	1000.00
	Payee address; City; State; Zip Code 1802 W Main Street Houston TX 77098	

Purpose of expenditure (See instructions regarding type of information required.) Labor	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 8/8**2** FILER NAME

People For A Fair Houston

3 ACCOUNT # (Ethics Commission filers)**4** Date

10/30/2001

5 Payee name

Texas Printing

6 Payee address; City; State; Zip Code

4715 Main

Houston TX 77002

7 Amount
(\$)

178.61

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/29/2001

Payee name

Thompson Delivery

Payee address; City; State; Zip Code

18836 Mirror Lake Dr.

Spring TX 77388

Amount
(\$)

170.00

Purpose of expenditure (See instructions regarding type of information required.)
Delivery Charge** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held